

**United States Bankruptcy Court  
District of South Carolina**

In re Debra L. Rabon

Debtor(s)

Case No. 17-06170

Chapter 13

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- 1) AMD - Form 106;
- 2) AMD - Schedule C (Exemptions);
- 3) AMD - Schedule D (Secured Claims);
- 4) AMD - Schedule E/F (Unsecured Claims);
- 5) AMD - Schedule J (Expenses);
- 6) AMD - Form 106Dec (Sig.);
- 7) Notice of Confirmation Hearing; AND
- 8) AMD - Plan.

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

SEE CERTIFICATE OF SERVICE FILED SIMULTANEOUSLY HERewith

Date: March 8, 2018

/s/ Margaret L. Evans

**Margaret L. Evans 13585**

Attorney for Debtor(s)

**McCutchen, Mumford, Vaught & Geddie, P.A.**

**4610 Oleander Drive, Suite 203**

**Myrtle Beach, SC 29577**

**(843) 449-3411 Fax:(843) 449-2317**

**mle@lawyersatthebeach.com**

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

IN RE:

Debra L. Rabon,

Debtor.

)  
)  
)  
) Bankruptcy Case No.: 17-06170-JW  
) Chapter 13  
)  
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**STATEMENT OF CHANGE**

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Hereinbelow is an itemized list detailing the exact changes made to the amended documents, statements and/or schedules filed on March 8, 2018:

DESCRIPTION OF AMENDED DOCUMENT	ITEM NUMBER AMENDED	EXPLANATION OF AMENDMENT FROM ORIGINAL PETITION FILED 12-10-2017
Form 106	2	Increased Schedule D Creditors to match POC
Form 106	3(b)	Decreased Schedule E/F Creditors to match POC
Form 106	5	Schedule J – monthly expenses decreased due to payment being paid through plan
Schedule C – Exemptions	2	Claim HOMESTEAD exemption (for lien avoidance)
Schedule C – Exemptions	2	Place firearm in correct exemption category
Schedule D – secured claims	2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 2.8 & 2.9	Amend claims to match POC
Schedule E/F – unsecured claims	4.5, 4.8, & 4.12	Amend claims to match POC
Schedule J – Expenses	4	Zero out mortgage payment b/c of conduit plan
Plan	2.1	Plan payment change
Plan	3.2	Changes to secured claims treatment
Plan	3.4	Changes to lien avoidance figures
Plan	3.5	D surrendering her interest in collateral with Ally
Plan	8.1(a)	Changes to conduit mortgage figures

DATE: March 8, 2018

**/s/ - Margaret L. Evans**

Margaret L. Evans  
(District Court ID# 10628)

Attorney for Debtor(s)

**McCUTCHEN, MUMFORD, VAUGHT & GEDDIE, P.A.**

4610 Oleander Drive, Suite 203

Myrtle Beach, SC 29577

Phone: (843) 449-3411

Fax: (843) 449-2317

[MLE@lawyersatthebeach.com](mailto:MLE@lawyersatthebeach.com)

**Fill in this information to identify your case:**

Debtor 1 **Debra L. Rabon**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **17-06170**  
 (if known)

☒ Check if this is an amended filing

**Official Form 106Sum**

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	<b>109,280.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	<b>90,862.76</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	<b>200,142.76</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	<b>162,915.90</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	<b>21,890.00</b>
<b>Your total liabilities</b>		<b>\$ 184,805.90</b>

**Part 3: Summarize Your Income and Expenses**

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	<b>3,241.91</b>
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	<b>1,900.90</b>

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Debra L. Rabon**

Case number (if known) **17-06170**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **5,704.41**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>0.00</b>

Fill in this information to identify your case:

Debtor 1	<b>Debra L. Rabon</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	17-06170		

☒ Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
7381 E Highway 19 Loris, SC 29569-7235 Horry County Horry County Property ID (PIN): 22804010006 Horry County TMS: 071-00-01-083 W/S HWY 19 (TRACT 1 - 0.968 acres Bayboro Twp; TRACT 2 - 58.1 feet; TRACT 3 - 0.5732 acres) Line from <i>Schedule A/B</i> : 1.1	\$109,280.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)
Miscellaneous household goods and furnishings located at D's residence Line from <i>Schedule A/B</i> : 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Various household electronics located at D's residence Line from <i>Schedule A/B</i> : 7.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
38 pistol located at D's residence Line from <i>Schedule A/B</i> : 10.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(15)

Debtor 1 **Debra L. Rabon**Case number (if known) **17-06170**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>Miscellaneous items of women's clothing, shoes, and accessories located at D's residence</b> Line from Schedule A/B: 11.1	<b>\$250.00</b>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>Checking: Anderson Brothers Bank Checking Account #: 6016</b> <b>Balance = (-\$88.90) as of 12-05-2017</b> Line from Schedule A/B: 17.1	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(5)</b>
<b>Checking: South State Bank Checking Acct. # 3348</b> <b>balance as of 12-10-2017 = \$365.52</b> Line from Schedule A/B: 17.2	<b>\$365.62</b>	<input checked="" type="checkbox"/> <b>\$365.62</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(5)</b>
<b>Retirement Plan: South Carolina Retirement Plan</b> <b>balance as of 12-10-2017 = \$76,641.64</b> Line from Schedule A/B: 21.1	<b>\$76,641.64</b>	<input checked="" type="checkbox"/> <b>\$76,641.64</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 9-1-1680</b>
<b>Federal: *** ANTICIPATED *** 2017 Federal Income Tax Return Refund (based upon 2016 Federal Income Tax Return Refund)</b> Line from Schedule A/B: 28.1	<b>\$2,109.00</b>	<input checked="" type="checkbox"/> <b>\$2,109.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(5)</b>
<b>State: *** ANTICIPATED *** 2017 South Carolina Income Tax Return Refund (based upon 2016 South Carolina Income Tax Return Refund)</b> Line from Schedule A/B: 28.2	<b>\$905.00</b>	<input checked="" type="checkbox"/> <b>\$905.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(5)</b>
<b>Humana - Kanawha Insurance Company</b> <b>whole life insurance policy</b> <b>Policy #: 4075</b> <b>policy date: 01-15-2015</b> <b>owner: Debra L. Rabon</b> <b>insured: Della J. Todd (granddaughter)</b> <b>death benefit paid - \$25,000.00</b> <b>cash surrender value as of 12-10-2017 = \$0.00</b> <b>Benefic</b> Line from Schedule A/B: 31.1	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>

Debtor 1 **Debra L. Rabon**Case number (if known) **17-06170**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Humana - Kanawha Insurance Company</b> <b>whole life insurance policy</b> <b>Policy #: 3924</b> <b>policy date: 11-01-2011</b> <b>owner: Debra L. Rabon</b> <b>insured: Ethan N. Todd (grandson)</b> <b>death benefit paid - \$25,000.00</b> <b>cash surrender value as of 12-10-2017 = \$4.75</b> <b>Beneficiary:</b> Line from Schedule A/B: 31.2	<b>\$4.75</b>	<input checked="" type="checkbox"/> <b>\$4.75</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>Humana - Kanawha Insurance Company</b> <b>whole life insurance policy</b> <b>Policy #: 3923</b> <b>policy date: 11-01-2011</b> <b>owner: Debra L. Rabon</b> <b>insured: Joseph C. Todd (adult son)</b> <b>death benefit paid - \$25,000.00</b> <b>cash surrender value as of 12-10-2017 = \$328.75</b> <b>Beneficiary:</b> Line from Schedule A/B: 31.3	<b>\$328.75</b>	<input checked="" type="checkbox"/> <b>\$328.75</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>whole life insurance policy</b> <b>Policy #: 1280</b> <b>policy date: 09-30-2011</b> <b>owner: Debra L. Rabon</b> <b>insured: Jerome D. Todd, Jr. (adult son)</b> <b>death benefit paid - \$25,000.00</b> <b>cash surrender value as of 12-10-2017 = \$558.00</b> <b>Beneficiary: Debra L. Rabon</b> Line from Schedule A/B: 31.4	<b>\$558.00</b>	<input checked="" type="checkbox"/> <b>\$558.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>Humana - Kanawha Insurance Company</b> <b>TERM life insurance policy</b> <b>Policy #: 2993</b> <b>policy date: 11-01-2014</b> <b>owner: Debra L. Rabon</b> <b>insured: Debra L. Rabon</b> <b>death benefit paid - \$25,000.00</b> <b>cash surrender value as of 12-10-2017 = \$0.00</b> <b>Beneficiary: Rodney Spi</b> Line from Schedule A/B: 31.5	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>

Debtor 1 **Debra L. Rabon**

Case number (if known)

**17-06170**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>Humana - Kanawha Insurance Company</b> <b>whole life insurance policy</b> <b>Policy #: 8106</b> <b>policy date: 03-15-2014</b> <b>owner: Debra L. Rabon</b> <b>insured: Everett Todd (grandson)</b> <b>death benefit paid - \$25,000.00</b> <b>cash surrender value as of 12-10-2017 = \$0.00</b> <b>Beneficiary:</b> Line from Schedule A/B: <b>31.6</b>	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Fill in this information to identify your case:

Debtor 1 **Debra L. Rabon**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **17-06170**  
 (if known)

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <b>1st Franklin</b> Creditor's Name  <b>135 E Tugalo Street</b> <b>Toccoa, GA 30577</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>Miscellaneous household goods and furnishings located at D's residence</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	<b>\$1,342.00</b>	<b>\$2,000.00</b>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			<b>\$0.00</b>
Opened <b>11/21/16</b> Last Active <b>10/02/17</b> Date debt was incurred			
	Last 4 digits of account number <b>3000</b>		

Non-Purchase Money Security

2.2 <b>Ally Financial</b> Creditor's Name  <b>Attn: Bankruptcy</b> <b>Po Box 380901</b> <b>Bloomington, MN 55438</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>(daughter-in-law, Elizabeth Nesbit, and D are co-signors on a truck loan; truck titled in name of daughter-in-law)</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit	<b>\$26,059.00</b>	<b>\$0.00</b>	<b>\$26,059.00</b>
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another				

Debtor 1 **Debra L. Rabon** Case number (if know) **17-06170**  
First Name Middle Name Last Name

☐ Check if this claim relates to a community debt ☐ Other (including a right to offset)

Opened **11/16** Last Active **11/13/17**  
Date debt was incurred **11/13/17** Last 4 digits of account number **2695**

**2.3 Conway Hospital, Inc.** Describe the property that secures the claim: **\$3,212.00** **\$109,280.00** **\$3,212.00**  
Creditor's Name

**7381 E Highway 19 Loris, SC 29569-7235 Horry County**  
**Horry County Property ID (PIN): 22804010006**  
**Horry County TMS: 071-00-01-083**  
**W/S HWY 19 (TRACT 1 - 0.968 acres Bayboro Twp; TRACT 2 - 58.1 feet; TRACT 3 - 0.5732 acres)**

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☒ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

**P.O. Box 808**  
**Myrtle Beach, SC 29578**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **2015** Last 4 digits of account number

**2.4 Credit Central** Describe the property that secures the claim: **\$729.00** **\$2,000.00** **\$729.00**  
Creditor's Name

**Miscellaneous household goods and furnishings located at D's residence**

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Non-Purchase Money Security**

**117 Rivertown Blvd Ste J**  
**Conway, SC 29526**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Opened **04/17** Last Active **10/02/17**  
Date debt was incurred **10/02/17** Last 4 digits of account number **0038**

**2.5 Credit Central** Describe the property that secures the claim: **\$710.00** **\$2,000.00** **\$710.00**

Debtor 1 **Debra L. Rabon** Case number (if know) **17-06170**

First Name Middle Name Last Name

Creditor's Name

**117 Rivertown Blvd Ste J  
Conway, SC 29526**

Number, Street, City, State & Zip Code

**Miscellaneous household goods  
and furnishings  
located at D's residence**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Non-Purchase Money Security**

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Opened  
04/17 Last  
Active**

Date debt was incurred **10/02/17**

Last 4 digits of account number **0039**

2.6 **Ocwen Loan Servicing,  
Llc**

Creditor's Name

Describe the property that secures the claim:

**\$0.00**

**\$109,280.00**

**\$0.00**

**7381 E Highway 19 Loris, SC  
29569-7235 Horry County  
Horry County Property ID (PIN):  
22804010006  
Horry County TMS: 071-00-01-083  
W/S HWY 19 (TRACT 1 - 0.968 acres  
Bayboro Twp; TRACT 2 - 58.1 feet;  
TRACT 3 - 0.5732 acres)**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Opened  
7/10/08  
Last Active**

Date debt was incurred **7/15/15**

Last 4 digits of account number **6801**

2.7 **Santander Consumer  
USA**

Creditor's Name

Describe the property that secures the claim:

**\$16,918.00**

**\$6,500.00**

**\$10,418.00**

**2013 Chrysler 200 Sedan 80,000  
miles  
VIN#1C3CCBBB0DN597730  
Average Condition  
Current Mileage = 80,000  
Located at D's residence**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

**5201 Rufe Snow Drive  
Suite 400  
North Richland Hills, TX  
76180**

Number, Street, City, State & Zip Code

Debtor 1 **Debra L. Rabon** Case number (if know) **17-06170**  
 First Name Middle Name Last Name

**Who owes the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

☐ Disputed  
**Nature of lien.** Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

**Opened**  
**06/13** Last  
**Active**  
 Date debt was incurred **10/16/17** Last 4 digits of account number **1000**

**2.8 Seterus Inc** Describe the property that secures the claim: **\$112,086.90** **\$109,280.00** **\$2,806.90**  
 Creditor's Name  
**7381 E Highway 19 Loris, SC 29569-7235 Horry County**  
**Horry County Property ID (PIN): 22804010006**  
**Horry County TMS: 071-00-01-083**  
**W/S HWY 19 (TRACT 1 - 0.968 acres Bayboro Twp; TRACT 2 - 58.1 feet; TRACT 3 - 0.5732 acres)**  
**14523 Sw Millikan Way St Beaverton, OR 97005**  
 Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Nature of lien.** Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Mortgage**

**Opened**  
**07/08** Last  
**Active**  
 Date debt was incurred **4/20/17** Last 4 digits of account number **9168**

**2.9 World Fin** Describe the property that secures the claim: **\$1,859.00** **\$2,000.00** **\$1,201.00**  
 Creditor's Name  
**World Acceptance Corp/Attn Bankruptcy Po Box 6429 Greenville, SC 29606**  
 Number, Street, City, State & Zip Code

**Miscellaneous household goods and furnishings located at D's residence**  
**As of the date you file, the claim is:** Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Nature of lien.** Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Non-Purchase Money Security**

**Who owes the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Debtor 1 **Debra L. Rabon** Case number (if know) **17-06170**  
First Name Middle Name Last Name

Opened  
04/17 Last  
Active  
Date debt was incurred **10/12/17** Last 4 digits of account number **9801**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$162,915.90**

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

**\$162,915.90**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code  
**1st Franklin Financial Corporation**  
**2803 Church Street, Suite 30**  
**Conway, SC 29526**  
On which line in Part 1 did you enter the creditor? **2.1**  
Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**Chrysler Capital**  
**P.O. Box 660335**  
**Dallas, TX 75266-0335**  
On which line in Part 1 did you enter the creditor? **2.7**  
Last 4 digits of account number **6990**

☐ Name, Number, Street, City, State & Zip Code  
**NEWBY, SARTIP, MASEL & CASPER, LLC**  
**P.O. Box 808**  
**Myrtle Beach, SC 29578**  
On which line in Part 1 did you enter the creditor? **2.3**  
Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**SCOTT & CORLEY, PA**  
**P.O. Box 2065**  
**Columbia, SC 29202**  
On which line in Part 1 did you enter the creditor? **2.8**  
Last 4 digits of account number \_\_\_\_

Fill in this information to identify your case:

Debtor 1 **Debra L. Rabon**  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name  
 United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA  
 Case number **17-06170**  
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	<b>1st Franklin Financial</b> Nonpriority Creditor's Name <b>2803 Church Street</b> <b>Suite 30</b> <b>Conway, SC 29526</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1530</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$1,729.00</b>

Debtor 1 **Debra L. Rabon**

Case number (if know) **17-06170**

4.2	<b>AMCOL Systems, Inc.</b> Nonpriority Creditor's Name <b>Amcol Systems, Inc.</b> <b>Po Box 21625</b> <b>Columbia, SC 29221</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5712</b> When was the debt incurred? <b>Opened 2/11/16</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Doctors Care</b>	<b>\$25.00</b>
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4.3	<b>Atlantoc Credit &amp; Finance</b> Nonpriority Creditor's Name <b>3353 Orange Ave</b> <b>Roanoke, VA 24012</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3572</b> When was the debt incurred? <b>Opened 2/27/14</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>01 Onemain Financial Inc</b>	<b>\$4,950.00</b>
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4.4	<b>Axcess Financial</b> Nonpriority Creditor's Name <b>7755 Montgomery Rd</b> <b>Suite 400</b> <b>Cincinnati, OH 45236</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5665</b> When was the debt incurred? <b>Opened 04/17 Last Active 10/28/17</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b>	<b>\$3,526.00</b>
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Debtor 1 **Debra L. Rabon**

Case number (if know)

**17-06170**

4.5

**Cardworks/CW Nexus**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 9201****Old Bethpage, NY 11804**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6482****\$834.00**When was the debt incurred? **Opened 10/16 Last Active  
3/06/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.6

**Comenity Capital/mprc**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 18215  
Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2038****\$286.00**When was the debt incurred? **Opened 11/16 Last Active  
11/25/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Charge Account**

4.7

**Credit Central**

Nonpriority Creditor's Name

**117 Rivertown Blvd  
Conway, SC 29526**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$1,439.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

Debtor 1 **Debra L. Rabon**

Case number (if know) **17-06170**

4.8

**National Finance**

Nonpriority Creditor's Name

**110 El Bethel Rd Ste A  
Conway, SC 29526**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$563.00**

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.9

**Oac**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 500  
Baraboo, WI 53913**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**6916**

**\$64.00**

When was the debt incurred? **Opened 9/16/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Conway Anesthesia Assoc Pa**

4.1  
0

**Pee Dee Md**

Nonpriority Creditor's Name

**412 S Dargan St  
Florence, SC 29506**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**6038**

**\$422.00**

When was the debt incurred? **Opened 6/24/13 Last Active 3/26/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Debt**

Debtor 1 **Debra L. Rabon**

Case number (if know)

**17-06170**4.1  
1**Pee Dee Md**

Nonpriority Creditor's Name

**412 S Dargan St  
Florence, SC 29506**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **3554****\$188.00**When was the debt incurred? **Opened 7/19/13 Last Active 3/26/14****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Debt**

4.1  
2**Regional Finance**

Nonpriority Creditor's Name

**1610 Church St Suite D  
Conway, SC 29526**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$2,823.00**When was the debt incurred? **2017****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

4.1  
3**Southern Finance/smc**

Nonpriority Creditor's Name

**1317 3rd Ave Ste C  
Conway, SC 29526**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **8900****\$521.00**When was the debt incurred? **Opened 04/17 Last Active 10/12/17****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Note Loan**

Debtor 1 **Debra L. Rabon**

Case number (if know) **17-06170**

4.1 4	<b>Sunset Fin</b> Nonpriority Creditor's Name <b>510 Mountain View Dr</b> <b>Seneca, SC 29672</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8059</b> <b>\$1,150.00</b> When was the debt incurred? <b>Opened 10/11/17 Last Active 10/11/17</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Note Loan</b>
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4.1 5	<b>Sunset Fin</b> Nonpriority Creditor's Name <b>510 Mountain View Dr</b> <b>Seneca, SC 29672</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9298</b> <b>\$1,150.00</b> When was the debt incurred? <b>Opened 10/11/17 Last Active 10/11/17</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Note Loan</b>
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4.1 6	<b>Western Shamrock Corp</b> Nonpriority Creditor's Name <b>801 S Abe St</b> <b>Ste A</b> <b>San Angelo, TX 76903</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>Z021</b> <b>\$594.00</b> When was the debt incurred? <b>Opened 5/03/17 Last Active 10/04/17</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Note Loan</b>
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Debtor 1 **Debra L. Rabon**

Case number (if know)

**17-06170**

4.1  
7

**World Finance**

Nonpriority Creditor's Name

**117 Rivertown Blvd Ste K  
Conway, SC 29526**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$1,626.00**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$	<b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	<b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	<b>0.00</b>
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	<b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	<b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	<b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	<b>21,890.00</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	<b>21,890.00</b>

Fill in this information to identify your case:

Debtor 1 Debra L. Rabon

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 17-06170  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Debra L. Rabon**Case number (if known) **17-06170****6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	<b>200.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>25.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>117.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>

**7. Food and housekeeping supplies**7. \$ **550.00****8. Childcare and children's education costs**8. \$ **0.00****9. Clothing, laundry, and dry cleaning**9. \$ **50.00****10. Personal care products and services**10. \$ **50.00****11. Medical and dental expenses**11. \$ **100.00****12. Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments.12. \$ **220.00****13. Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ **100.00****14. Charitable contributions and religious donations**14. \$ **100.00****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>256.00</b>
15d. Other insurance. Specify: <b>Life Insurance - Son's policy</b>	15d. \$	<b>32.90</b>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_16. \$ **0.00****17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**18. \$ **0.00****19. Other payments you make to support others who do not live with you.**\$ **0.00**

Specify: \_\_\_\_\_

19.

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>

**21. Other:** Specify: \_\_\_\_\_21. +\$ **0.00****22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$	<b>1,900.90</b>
\$	
\$	<b>1,900.90</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>3,241.91</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>1,900.90</b>

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$	<b>1,341.01</b>
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**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here: \*\*\* increased out-of-pocket health care costs due to increasing costs of diabetes related blood-sugar control meds and diabetic testing supplies \*\*\*

**Fill in this information to identify your case:**

Debtor 1 **Debra L. Rabon**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **17-06170**  
(if known)

☒ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Debra L. Rabon  
**Debra L. Rabon**  
Signature of Debtor 1

Date March 8, 2018

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_